

Weekly Employee Survey Form

Employee Information

Name: _____

Employee I.D.#: _____ **Dept./Section:** _____

Phone Ext.: _____ **Home Zip Code:** _____ **Miles to Worksite (one way):** _____

Signature: _____ **Date:** _____

Mode	Scheduled Report Time (Circle am or pm as applicable)	Mon	Tue	Wed	Th	Fri	Sat	Sun
		a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
A. Drive Alone								
B. Motorcycle								
C. 2 persons in vehicle								
D. 3 persons in vehicle								
E. 4 persons in vehicle								
F. 5 persons in vehicle								
G. 6 persons in vehicle								
H. 7 persons in vehicle								
I. 8 persons in vehicle								
J. 9 persons in vehicle								
K. 10 persons in vehicle								
L. 11 persons in vehicle								
M. 12 persons in vehicle								
N. 13 persons in vehicle								
O. 14 persons in vehicle								
P. 15 persons in vehicle								
Q. Bus								
R. Rail/plane								
S. Walk								
T. Bicycle								
U. Electric vehicle (or other Zero Emission veh.)								
V. Telecommute (reduction of more than 50% of trip)								
W. Noncommuting								

Compressed Work Week Day(s) Off

X. 3/36 work week days off (2 days)							
Y. 4/40 work week day off (1 day)							
Z. 9/80 work week day off (1 day)							

Other Days Off

AA. Vacation							
BB. Sick							
CC. Other							

You should have only 7 (seven) check marks for the entire survey week.